



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 15-00126-342

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Boston Healthcare System
Boston, Massachusetts**

May 14, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics and other outpatient clinics under the oversight of the VA Boston Healthcare System and Veterans Integrated Service Network 1 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, and outpatient documentation. We also randomly selected the Causeway VA Clinic, Boston, MA, as a representative site and evaluated the environment of care on March 10, 2015.

Review Results:

We conducted four focused reviews and had no findings for the outpatient documentation review. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Ensure that:

- Staff protect patient-identifiable information on laboratory specimens during transport from the Causeway VA Clinic to the parent facility.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that clinicians:

- Provide HIV testing as part of routine medical care for patients and that compliance is monitored.
- Consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Comments

The Veterans Integrated Service Network and Facility Directors agreed with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 15–19, for the full text of the Directors’ comments.) We consider recommendations 1 and 6 closed. We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD Care
- HIV Screening
- Outpatient Documentation

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention but are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspection was conducted at a randomly selected outpatient site of care that had not been previously inspected.¹ Details of the targeted study populations

¹ Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

for the AUD Care, HIV Screening, and Outpatient Documentation focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD Care	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; ² and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

² The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted a physical inspection of the Causeway VA Clinic. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
X	The staff protects patient-identifiable information on laboratory specimens during transport.	At the Causeway VA Clinic, staff did not protect patient-identifiable information on laboratory specimens during transport.	1. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Causeway VA Clinic to the parent facility.
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		
	Access to the information technology network room/server closet is documented.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (for example, mental health clinic), and the testing is documented.		
	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

AUD Care

The purpose of this review was to determine whether the facility’s CBOCs and OOCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents and 37 electronic health records. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD Care

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 6 of 37 patients (16 percent) who had positive alcohol use screens.	2. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for 7 of 11 patients diagnosed with alcohol dependence.	3. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 11 of 27 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.	4. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	The facility complied with any additional elements required by VHA or local policy.		

HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.^c

We reviewed the facility's self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 35 electronic health records and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a HIV Lead Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 5 of 35 patients (14 percent).	5. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for 2 of 11 patients.	6. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

The purpose of this review was to determine whether healthcare practitioners at the CBOCs/OOCs comply with selected requirements for outpatient documentation.^d

We reviewed relevant documents and 43 electronic health records. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the electronic health record.		

Clinic Profiles

The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.³ In addition to primary care integrated with women's health, mental health, and telehealth services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

Location	Station #	Rurality ⁶	Outpatient Workload / Encounters ⁴			Services Provided ⁵			
			PC	MH	Specialty Clinics ⁷	Specialty Care ⁸		Ancillary Services ⁹	
Jamaica Plain, MA	523	Urban	15,732	46,153	111,952	Amputation Clinic Anesthesiology Cardiology Chemotherapy Dental Dermatology Endocrinology ENT General Surgery Genomics Geriatrics GI Gynecology Hematology Hepatology	Infectious Disease Medicine Specialties Nephrology Neurology Oncology Ophthalmology Optometry Orthopedics Pain Clinic Palliative Care Plastic Surgery Podiatry Pulmonary Rheumatology Urology	Audiology Blind Rehabilitation Diabetic Retinal Screening EKG EMG HBPC Hypertension Imaging Services Kinesiotherapy Laboratory Mammography ¹⁰ MOVE! Program ¹⁰	Nuclear Medicine Nutrition Pharmacy PET Prosthetics/ Orthotics Radiation Therapy Rehabilitation Services Sleep Medicine Speech Pathology Surgery VICTORS & Advanced Low Vision VIST

³ Includes all CBOCs in operation before April 1, 2014.

⁴ An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.

⁵ The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

⁶ <http://vssc.med.va.gov/>

⁷ The total number of encounters for the services provided in the "Specialty Care" column.

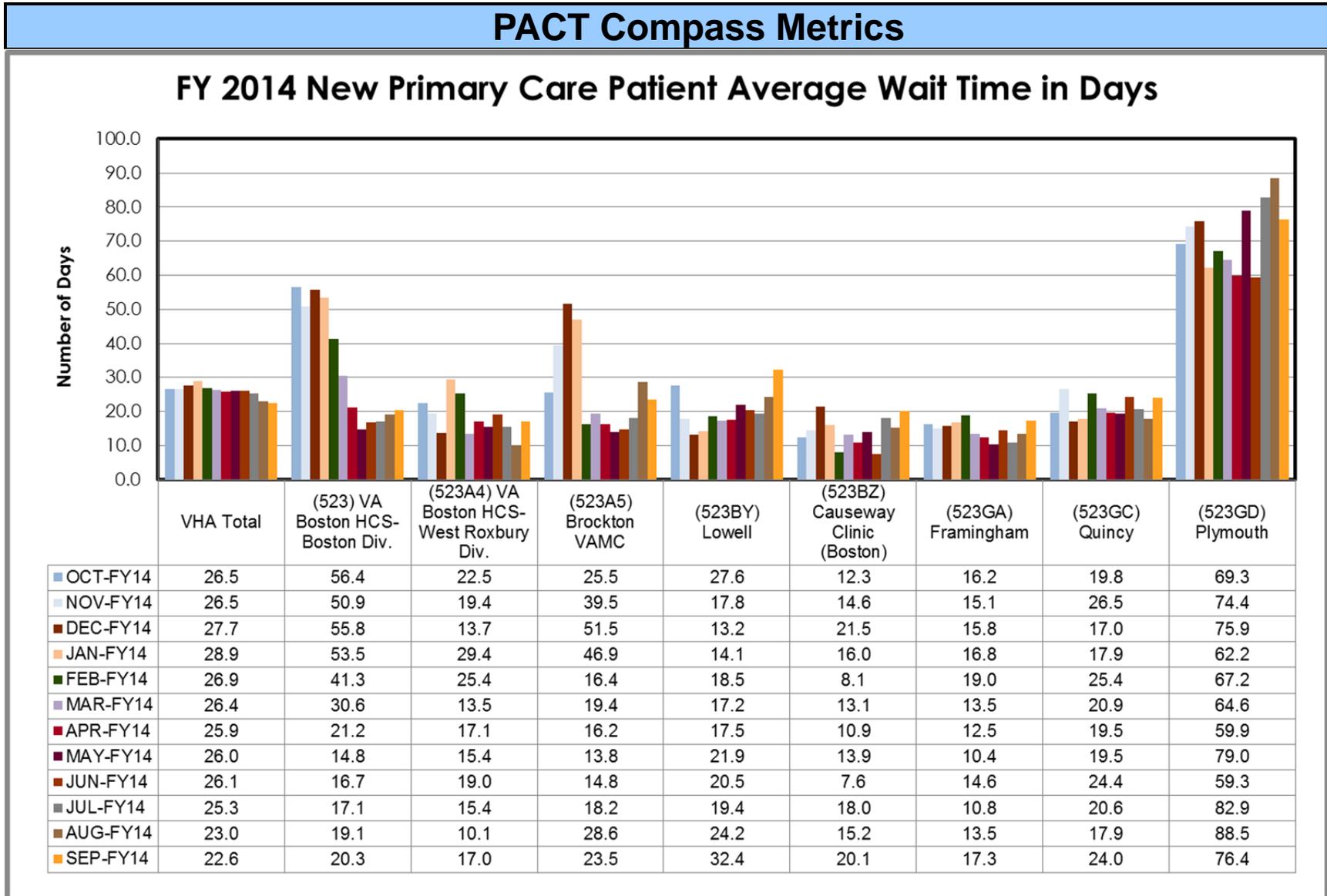
⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

¹⁰ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

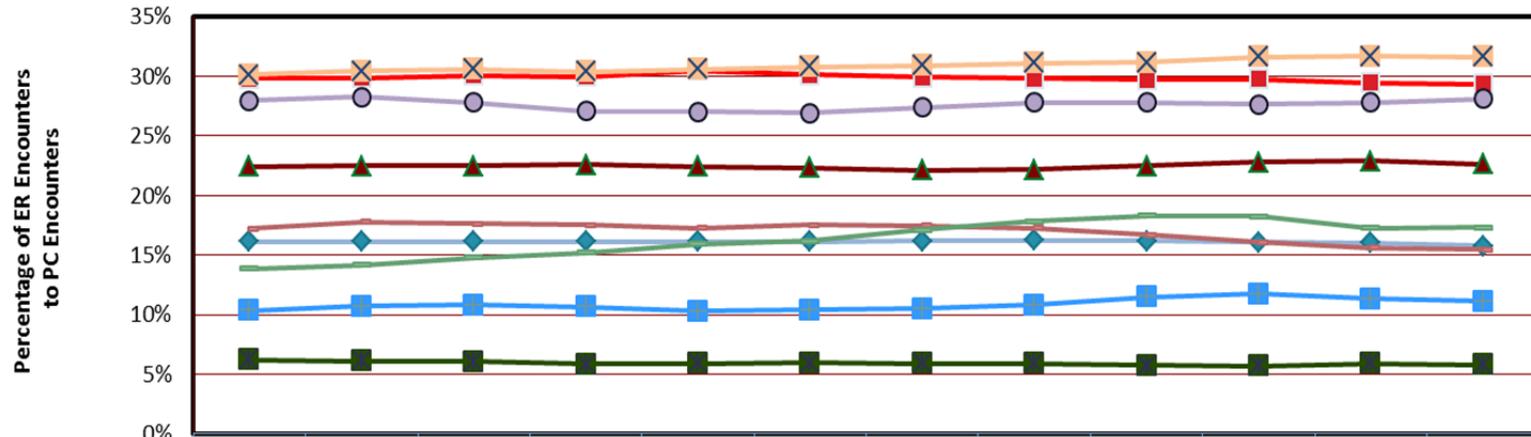
Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided			
			PC	MH	Specialty Clinics	Specialty Care		Ancillary Services	
Lowell, MA	523BY	Urban	7,389	4,752	3,519	Neurology	Optometry	Imaging Services MOVE! Program Nutrition	Pharmacy Rehabilitatio n Services
Boston, MA	523BZ	Urban	5,807	37,738	2,207	Rheumatology Optometry	Podiatry	Adult Day Health Care Anti-Coagulation Clinic	EKG MOVE! Program Nutrition Pharmacy
Framingham, MA	523GA	Urban	3,611	806	29	NA		MOVE! Program	
Quincy, MA	523GC	Urban	2,697	0	0	NA		NA	
Plymouth, MA	523GD	Urban	1,910	0	198	Dermatology		NA	

EKG = Electrocardiography; EMG = Electromyography; ENT = Ear, Nose, & Throat; GI = Gastroenterology; PET = Positron Emission Tomography



Data Definition.^e The average number of calendar days between a new patient’s Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.

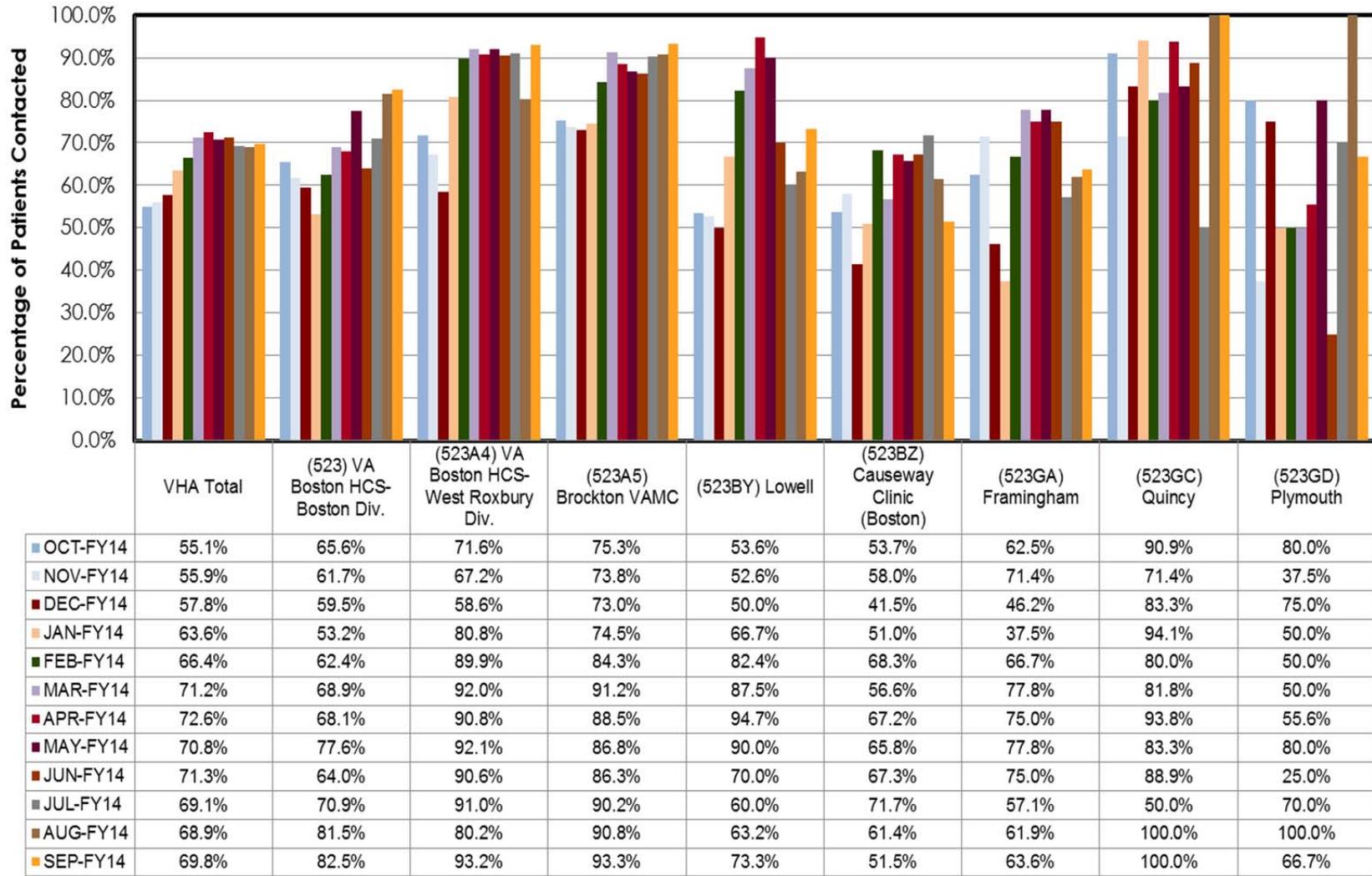
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
◆ VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
■ (523) VA Boston HCS-Boston Div.	29.8%	29.9%	30.1%	30.0%	30.5%	30.2%	30.0%	29.8%	29.7%	29.8%	29.5%	29.4%
▲ (523A4) VA Boston HCS-West Roxbury Div.	22.4%	22.5%	22.5%	22.6%	22.4%	22.3%	22.1%	22.2%	22.5%	22.8%	22.9%	22.6%
× (523A5) Brockton VAMC	30.1%	30.5%	30.6%	30.4%	30.6%	30.8%	30.9%	31.1%	31.2%	31.6%	31.7%	31.6%
■ (523BY) Lowell	6.2%	6.1%	6.0%	5.8%	5.9%	6.0%	5.9%	5.9%	5.8%	5.7%	5.9%	5.8%
○ (523BZ) Causeway Clinic (Boston)	28.0%	28.3%	27.8%	27.1%	27.0%	26.9%	27.4%	27.8%	27.8%	27.7%	27.8%	28.1%
■ (523GA) Framingham	10.3%	10.7%	10.8%	10.6%	10.3%	10.4%	10.5%	10.8%	11.5%	11.7%	11.3%	11.1%
■ (523GC) Quincy	17.2%	17.8%	17.6%	17.5%	17.3%	17.5%	17.5%	17.3%	16.7%	16.1%	15.6%	15.5%
■ (523GD) Plymouth	13.9%	14.2%	14.8%	15.2%	16.0%	16.2%	17.1%	17.8%	18.3%	18.2%	17.3%	17.3%

Data Definition.^e This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient’s Primary Care Provider/Associate Provider.

FY 2014 Team 2-Day Contact Post Discharge Ratio



Data Definition.^e The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 22, 2015

From: Director, VA New England Healthcare System (10N1)

Subject: **Review of CBOCs and OOCs of VA Boston Healthcare System,
Boston, MA**

To: Director, Bedford Office of Healthcare Inspections (54BN)

Director, Management Review Service (VHA 10AR MRS OIG CAP
CBOC)

I concur with the recommendations from VA Boston HCS regarding
the OIG Review of CBOCs and OOCs and approved of the corrective
action plans.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Mayo-Smith", with a horizontal line extending to the right.

Michael Mayo-Smith, MD, MPH
Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 20, 2015

From: Director, VA Boston Healthcare System, Boston, MA (523A4/00)

**Subject: Review of CBOCs and OOCs of VA Boston Healthcare System,
Boston, MA**

To: Director, VA New England Healthcare System (10N1)

I have read and concur with the recommendations from the OIG Review of CBOCs and OOCs and approved of the corrective action plans.

Sincerely,

A handwritten signature in black ink, appearing to read "Vincent Ng", written over the word "Sincerely,".

Vincent Ng
VA Boston Healthcare System

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that staff protect patient-identifiable information on laboratory specimens during transport from the Causeway VA Clinic to the parent facility.

Concur

Target date for completion: Completed March 27, 2015

Facility response:

The following corrective actions were taken

- Opaque transport bags were purchased and their use has been implemented at all sites that transport laboratory specimens to the West Roxbury campus.

We request that this recommendation be closed.

Recommendation 2. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: September 30, 2015

Facility response:

The following corrective actions have been taken:

- The draft CBOC OIG findings were shared and reinforced at the March 18, 2015 Primary & Ambulatory Care Council and progress is being closely monitored using the clinical reminder process. Screening results that include positive findings are documented on designated clinic communication sheets to assure providers are aware and are prompted to conduct more comprehensive assessment with these patients. In addition to Primary Care Providers, diagnostic assessment can be conducted by other medical providers, mental health providers, or specialists in substance use disorders. This information has been reinforced through the Chief of Staff Council and at the April 2015 Accreditation Committee at which there is representation from all stakeholders.
- As of March 18, 2015, review of Clinical Reminder performance is a standing agenda item for each Primary Care practice/program.

- Primary and Ambulatory Care and Mental Health will collaborate on the development of local Patient Care Memorandum to outline the care directive and implementation responsibilities by September 30, 2015.

Recommendation 3. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: September 30, 2015

Facility response:

The following corrective actions have been taken:

- Clinical Reminders are currently being used to prompt screening, assessment and documentation of offer of further treatment.
- Primary and Ambulatory Care and Mental Health providers will review the care directives outlined in VHA Handbook 1160.01 that guide care for patients diagnosed with alcohol dependence and will incorporate these guidelines in to the routine of care for all patients with this diagnosis by September 30, 2015.

Recommendation 4. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: June 30, 2015 for Training

Facility response:

The following corrective actions have been taken:

- All staff have either completed or are scheduled for required training.
- TEACH and Motivational Interviewing training is being added at this time to the orientation process for new Primary Care RN Care Managers and trainers travel to CBOCs if indicated.

Recommendation 5. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur

Target date for completion: April 30, 2015

Facility response:

The following corrective actions will be taken:

- Responsibility for completion of the HIV screening Clinical Reminder has approval to be changed from the PCP to the clinic nursing staff. This process will be accomplished on April 30, 2015.
- Compliance will be monitored on a monthly basis by reviewing the Clinical Reminder Report and HIV Screening Reminder compliance as indicators that the patient conversation has occurred and that consideration had been given to offer screening to the patient.

Recommendation 6. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: Completed March 27, 2015

Facility response:

- Primary and Ambulatory Care currently documents informed consent for HIV testing through completion of the Clinical Reminder. If the Clinical Reminder is not completed, CPRS queues the ordering provider to complete a templated *HIV Screen with Oral Consent/Education* note in CPRS before the HIV test is ordered. This process was put into place on September 4, 2014 prior to the OIG CBOC Survey. However, the record sample requested was from a period prior to implementation of this change in the consent process.
- HIV Oral Consent was a Preventive Ethics ISSUES Cycle in FY14. As part of the Preventive Ethics process, follow up data collection is established to ensure that revisions in processes are sustained. The initial charter of the ISSUES Cycle team was approved at the Integrated Ethics Council. The team included staff members from the clinical services, members of the Preventive Ethics Committee and a Clinical Applications Coordinator. One hundred percent medical record review for documentation of HIV oral consent is completed for all HIV tests. The completed ISSUES cycle report was approved by the Integrated Ethics Council in September 2014 and the completed/approved ISSUES cycle summary report was posted on the Preventive Ethics National SharePoint site. Follow up data since the completion of the ISSUES cycle has been provided to the service representatives for follow up and action by individual providers. Boston Healthcare System continues to sustain a high rate of HIV oral consent compliance.

Currently, overall compliance with documentation of verbal consent for HIV screening in Primary Care from December 2014 through March 2015 is 94.25 percent.

We request that this recommendation be closed.

Office of Inspector General Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Edward J. Markey, Elizabeth Warren
U.S. House of Representatives: Michael E. Capuano, Katherine Clark, William Keating, Joseph P. Kennedy III, Stephen F. Lynch, James McGovern, Seth Moulton, Richard E. Neal, Niki Tsongas

This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7th ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2014.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations, 1910 General Industry Standards*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

^b References used for the AUD review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT)*, February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *HealthPOWER Prevention News, Motivational Interviewing*, Summer 2011. Accessed from: http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx

^c References used for the HIV Screening review included:

- Centers for Disease Control and Prevention, *Testing in Clinical Settings*, June 25, 2014. <http://www.cdc.gov/hiv/testing/clinical/> Accessed July 18, 2014.
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